

Pregnancy Maintenance Initiative (PMI) 2017-2018

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Catholic Charities of Salina

Period: 07/01/2017 - 06/30/2018

Filter(s): Catholic Charities of Salina;

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Start Date:

End Date:

Attach proof of Non-Profit Status (501(c)(3))

Did you attach your Non-Profit Status (501(c)(3))?: Yes

List your PMI Program staff names, positions and email addresses (Note the staff member who is the Primary Point of Contact): Gwen Hodges - Director of Counseling and Social Services (Primary Point of Contact) - ghodges@ccnks.org

Jessica Palen - Manhattan PMI Case Manager - jpalen@ccnks.org

Peggy Crippen - Salina PMI Case Manager - pcrippen@ccnks.org

Amanda Rome – Hays PMI Case Manager – arome@ccnks.org

Attach an Agency Organizational Chart

Did you attach an Agency Organizational Chart that clearly identifies where the PMI section falls within the agency and the staff associated?: Yes

Strategy: A.1.1 - Build internal capacity**Start Date:****End Date:**

Summarize your staff management plan to include verification of staff licensure, documentation of mandated training, performance appraisal process and professional development plan.: CCNKS delivers an effective staff management plan by employing professionally trained individuals. The PMI Program Supervisor and the Manhattan case manager are both licensed, clinical social workers (LSCSW). The PMI case manager in the Hays office is an LBSW. The PMI case manager in Salina, who started January 20, 2015, has a BS in Psychology, a Master's in Human Development & Family Studies, and 10 years of experience working in social services. A request for exception was approved for the Salina worker by Barb Kramer of KDHE on January 15, 2015. Each social worker is asked to provide copies of license cards and the CEU certificates for her personnel records. These records are verified each year at the time our agency is inspected by the state in order to maintain our status as a certified adoption agency.

The preferred method for recruiting all employees (including those involved with PMI) is as follows:

1. The position is announced internally and current employees are invited to apply.
2. The position is advertised in the community where the opening exists - Hays, Manhattan or Salina.
3. All applicants are asked to complete employment applications.
4. Applicants are screened / interviewed by the program director who gathers input from the Executive Director.
5. The top candidates are asked to complete forms authorizing background checks and reference checks. They are also asked to register for the on-line child safety training and complete the video course through the Catholic Diocese of Salina's Virtus link.
6. The top two candidates are asked to complete a specific GALLUP phone interview conducted by a board member certified and trained in these assessments.
7. The top two candidates are then given personal interviews by the Executive Director who retains final approval.

Employees participate in performance appraisals with their direct supervisors and/or the organization's Executive Director to provide both positive and constructive feedback, to determine goals for their current positions for the upcoming year and to establish professional development goals for their careers. As a group, the PMI case managers meet every other month to disseminate information and staff questions or concerns about their PMI, adoption, and clinical therapy cases.

Employees are expected to have at least one team member participate in trainings including, but not limited to, annual training. The case managers have been asked to monitor KS-TRAIN on the KDHE website for upcoming trainings that could be beneficial. The program director also monitors training opportunities and webinars offered by KDHE and assigns training to the appropriate staff. All PMI case managers have participated in KDHE webinar training related to the implementation of DAISEY. The finance manager and program director have also participated in Catalyst training for program reporting and grant submission.

PMI case managers submit monthly stats reports to the program director and finance manager for internal tracking purposes and budget needs, including quarterly reports for KDHE (Affidavit of Expenditures and Progress Reports). PMI case managers are provided feedback from the program director regarding their progress toward goals.

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE**Start Date:****End Date:**

Requirement: A.1.1.2 - Provide orientation and training of new staff

Start Date:

End Date:

Describe your process for orienting and training staff new to the PMI program.: CCNKS uses a combination of methods for training new staff. First, new staff members are oriented to the agency by completing new employee training. New employees will next become educated on the PMI Program through the KDHE Program Manual, the CCNKS PMI Program Manual, and by reviewing a copy of the CCNKS grant application. A cloud-based share site is available for the CCNKS PMI case managers to access and become familiar with all current PMI forms. New employees have access to existing client files to review documentation and learn to structure files. New employees will complete DAISEY User Agreements and familiarize themselves with the DAISEY system through tutorials on the DAISEY website and through live demonstration with authorized CCNKS staff. New employees will be provided the opportunity to shadow existing case managers to learn how to conduct PMI sessions and to practice collecting PMI paperwork. CCNKS employs three PMI case managers, in addition to the program director, who are available for questions, guidance, and support. In addition, the CCNKS PMI team meets bimonthly to review issues and address questions pertaining to the PMI program.

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff

Start Date:

End Date:

Strategy: A.1.2 - Communicate and coordinate local work with State staff

Start Date:

End Date:

Requirement: A.1.2.1 - Submit Financial Status Report and Client Demographic Summary quarterly

Start Date:

End Date:

Requirement: A.1.2.2 - Submit Quarterly Progress Report

Start Date:

End Date:

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Start Date:

End Date:

Goal: A.2 - Program evaluation

Start Date:

End Date:

Strategy: A.2.1 - Develop a program evaluation process to ensure services are provided as proposed**Start Date:****End Date:**

Summarize your program evaluation methods to include how you will expand services to meet community needs.: In regard to evaluating success at meeting community needs, PMI case managers work closely with County Health Departments, hospitals, doctors, and early childhood intervention programs. PMI case managers take a collaborative approach, especially through the referral process. Case managers in Hays, Salina and Manhattan participate in various interdisciplinary community meetings focused on maternal health or social services. Case managers are receptive to entering new communities where collaborations have not previously been established. The agency has established mobile units to travel to rural communities to deliver needed food, clothing, and hygiene items. This community presence opens the door to further outreach and partnership regarding PMI services.

To further assess the critical needs in the service area, CCNKS recently conducted a community needs assessment which was sent to medical providers, early childhood intervention programs, social service agencies, schools and other similar agencies. Fifty letters were sent out with nearly a 60% response rate. Feedback from that survey affirmed the need for case management, transportation assistance, services related to pregnancy education and assistance with baby items. The survey responses confirmed that services provided by CCNKS are those needed within the communities served. It revealed partners who already utilize CCNKS services and identified those who are in need of follow-up education about services CCNKS provides which could be utilized to meet client needs.

Additional tracking measures gauge the effectiveness of case management interventions for client goal attainment and prenatal, childbirth, or parenting education completion. After having controlled for women who left the program early due to miscarriage or relocation out of the service area, 67% of women met at least 75% of their case management goals. Similarly, 47% of women completed childbirth, prenatal, or parenting education, after having controlled for women who left the program early due to relocation or miscarriage.

Additional aspects of the assessment process include formal participant satisfaction surveys and informal solicitation of client feedback. Clients regularly report benefiting from the supportive case management aspects of the CCNKS program. Participants also identify item assistance and resource and referrals as critical components to their success. Input from the PMI Advisory Committee is one additional method of evaluating services to gather input regarding local needs and to decrease duplication of services.

Requirement: A.2.1.1 - Develop and use a client satisfaction survey**Start Date:****End Date:****Attach a Client Satisfaction Survey in the attachment section above****Did you attach a Client Satisfaction Survey?:** Yes**Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.****Start Date:****End Date:**

Strategy: A.2.2 - Create and maintain a functioning advisory group.

Start Date:

End Date:

Describe your PMI Advisory Group membership and frequency of meetings.: CCNKS is changing the structure of the PMI Advisory Board and its meetings. In the coming year, the PMI Advisory Committee will consist of the PMI case managers from each office, the program supervisor, and a group of clients from each area where CCNKS currently maintains an office. The PMI case managers and program supervisor will continue to meet on a bimonthly basis to address program changes, review reports and assess program needs and service delivery. The program supervisor is responsible for taking minutes and maintaining meeting records. On a quarterly basis, separate meetings will rotate among the CCNKS offices to support increased client involvement. Local meetings will focus on the targeted community and the specific needs of clients in that service area. Case managers leading those meeting will educate clients on program goals and changes while simultaneously garnering client feedback about services and opportunities for increased client involvement. Previously, meetings were held strictly in the Salina office. Participation from representatives outside of the Salina service area was often limited as it was time and cost prohibitive for those outside the area to travel to the meetings. Additionally, phone participation was inconsistent as participants were often unavailable when pulled to last minute demands in their jobs and other commitments.

Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)

Start Date:

End Date:

Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept

Start Date:

End Date:

Grouping B - Data and Information

Goal: B.1 - Measure program impact

Start Date:

End Date:

Describe your program goals, objectives and outcome measures.: The goal of our PMI case management program is to assist Kansas women, especially those at-risk due to socioeconomic factors, in carrying out a healthy full term pregnancy. The objective of the program is to support pregnant women through an intensive case management program which includes goal planning and the creation of a birth plan. A secondary program objective is to enroll women in maternal education classes including prenatal, childbirth, or early childhood programming. In order to evaluate our objectives, two outcomes will be measured. The first outcome is that 70% of clients will comply with at least 75% of their case management goals, which will include the completion of a birth plan. The second outcome established is that at least 50% of clients will enroll in either a prenatal, childbirth, or early childhood educational programming prior to exiting the program.

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness

Start Date:

End Date:

How will you measure effectiveness of services, interventions and referral networks?: Effectiveness of services is measured on a number of levels. First, success is measured by monitoring goals, objectives, and outcomes. CCNKS assesses whether it is meeting goals for the number of clients served, the number of healthy deliveries, the completion of pre-natal or parenting education, and the success of case management services, evidenced through goal attainment. In addition, effectiveness is measured by feedback obtained through client satisfaction surveys. We are also able to measure effectiveness by reviewing DAISEY reports related to services and referrals provided to ensure that services provided are consistent with program goals, objectives and needs.

How will you ensure services provided are those needed by clients?: PMI case management goals cover a variety of domains which have had historical focus within the PMI grant. PMI case managers have incorporated a list of referrals and interventions. To ensure that the needs of each individual client are being addressed and met, case managers have identified the following interventions that must be discussed and considered with each enrolled client:

1. Prenatal Medical Care.

- a. Daily compliance of prenatal vitamins
- b. Attend 90% of prenatal visits after enrollment in program
- c. Reach full term pregnancy (greater than 37 weeks)
- d. Live birth of child
- e. Abstain from tobacco use after enrollment in program
- f. Development of a birth plan

2. Medical Care (non-pregnant)

- a. Secure a pediatrician
- b. Manage diabetes (blood sugars remain within normal range)
- c. 90% compliance with medication and doctor visits prescribed for non-pregnancy related health concern
- d. Family planning methods secured

3. Housing

- a. Secure safe and affordable housing
- b. Enroll in public housing or housing assistance program
- c. Long term housing attained

4. Education.

- a. Enroll in or obtain GED or High School Diploma
- b. Enroll in or obtain vocational training
- c. Enroll in or obtain college education

5. Adoption Counseling

- a. Verbalize an attainable plan for parenting versus adoption
- b. Obtain education regarding open adoption
- c. Learn about the adoption process
- d. Make an adoption plan if mother chooses

6. Drug & Alcohol Assessment.

- a. Accept a referral to receive substance abuse treatment
- b. Receive and/or complete a treatment program
- c. Abstain from drug use
- d. Abstain from alcohol use

7. Domestic Violence Protection

- a. Accept referral to domestic violence center
- b. Exit an unsafe relationship
- c. Create a safety plan for unsafe relationships

8. Child Care

- a. Secure child care (self, family or provider)
- b. Enroll in child care assistance through Department of Children & Families
- c. Enroll in Early Head Start home or center-based daycare

9. Parenting Education and Support

- a. Enroll in early education services
- b. Attend childbirth classes
- c. Attend parenting classes
- d. Develop a resource list to assist with parenting skills and supports to last beyond the term of the PMI program

10. Transportation

- a. Acquire a reliable vehicle
- b. Repair inoperable or unreliable vehicle
- c. Establish plan for transportation through family or friends (develop vehicle schedule)

- d. Secure access to public transportation
- e. Obtain a legally approved car seat

All clients will complete a needs assessments and intake form during their initial PMI session. Through active listening, communicating and advocating with clients about their specific needs and gathering feedback from clients during their goal planning discussions, case managers develop detailed accounts of the mothers' current situations and goals for the program. The intake tool provides important information regarding current obstacles for mothers and helps to determine referrals case managers will make. The assessment gives the mother the opportunity to discuss her situation openly and to shape her individualized program. This is the most vital component of the intake session because it validates the wishes of the mother and aids in the determination of referrals. Case management is then driven by the individualized goals that arise from each client's targeted needs. The PMI case manager will track and review progress toward client goals and evaluate needs throughout the pregnancy and upon discharge. Incentives will be used to encourage client participation in setting and progressing toward case management goals.

Regarding educational objectives, case managers will work with clients on selecting appropriate educational courses, taking into account geographical availability, scheduling constraints, personal needs and the number of pregnancies for each individual client. The case manager will assist women in enrolling in educational classes and may use program funds to cover associated expenses on an as needed basis. Case managers will follow up with clients about their participation in educational programming and offer incentive items to women who complete their education. In cases where no educational classes are available, case managers will schedule time to review education materials from Baby Center Expert Advice resources where medical information is reviewed by a Medical Advisory Board consisting of leading experts in the field.

On a program level, CCNKS is able to determine that the services provided are consistent with those needed by clients on a number of levels. First, this is determined through communication with various community partners during community meetings, outreach events, PMI Advisory Board Meetings, and focus groups. Second, it is determined through the referral process. A collaborative referral process assists case managers in guiding services. With consent, authorized through a signed release, professionals may collaborate to ensure that all needs are taken into account and that appropriate services are offered. Furthermore, it is determined by the success and growth of partnerships with health departments and other prenatal service providers. Finally, it is solidified through data collected from the recent community needs assessments sent out to parties of interest throughout the service area.

Describe your plan for collecting and entering client information into DAISEY (KDHE approved data system), including who will collect the information, how it will be collected and when it will be entered. If you also enter client data in another system, include the name of the system (Insight, Nightingale Notes, etc.): Depending on factors such as location, time-frame, and language proficiency of the client, entering of client data into DAISEY may be handled one of two ways. First, the client may fill out a hard copy of the KDHE intake paperwork which will be entered into the DAISEY system by the PMI case manager after the intake session, generally within 24-48 hours. Second, the PMI case manager may interview the client, collecting and entering data simultaneously during the PMI intake session. In all cases, client data will be entered into the DAISEY system by the PMI case manager. There are no current plans to import data from another system.

Attach a current DAISEY Terms of Use Agreement signed by your agency for FY 2018 (electronic or handwritten signatures are acceptable).

Did you attach a signed DAISEY Terms of Use Agreement for FY 2018?: Yes

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Start Date:

End Date:

Requirement: B.1.1.2 - Gather and use data to assess program impact

Start Date:

End Date:

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Start Date:

End Date:

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term. Note the strategies and curriculums used and note whether or not they are evidence-based.: It is the overall goal for each enrolled mother to carry her pregnancy full-term and deliver a healthy baby. This objective, therefore, drives the services provided to the enrolled mother. Our program uses a comprehensive approach to help enrolled mothers meet all of their prenatal needs in order to help them maintain healthy, full-term pregnancies with the assistance of a case manager. Case managers employ several evidence based case management methods, including Strengths Based Case Management, Theories of Change Models and Motivational Interviewing strategies in order to collaborate with clients to complete the goal planning process. Identified goals are tracked through individualized case management. Referrals are made for enrolled mothers to collaborating community resources and support services. Enrolled mothers receive education regarding prenatal medical care, non-pregnancy related medical care (for client and her family), housing, education, promotion of paternal involvement & responsibility, adoption counseling & referrals, affordable child care, budgeting, parenting education/support, breastfeeding, infant safety, healthy relationships and anything else that might help the mother maintain a healthy, full-term pregnancy. When indicated, case managers may conduct home visits to support clients and promote compliance. Case managers will also encourage clients to sign releases of information with their prenatal care providers and other social service agencies in an effort to increase communication and transparency. The case managers assist mothers in developing parenting plans which may include adoption as a parenting alternative if so determined by the mothers and any involved fathers. Pending funding, CCNKS will utilize the Loving & Caring curriculum to guide decision making regarding personal values and goals along with parenting and adoption goals.

Estimate the total number of clients to be served during the grant period.: 160

Estimate the number of new enrollees to be served during the grant period: 110

Select all counties to be served below

County: Cheyenne; Clay; Cloud; Decatur; Dickinson; Ellis; Ellsworth; Geary; Gove; Graham; Jewell; Lincoln; Logan; Mitchell; Norton; Osborne; Ottawa; Phillips; Rawlins; Republic; Riley; Rooks; Russell; Saline; Sheridan; Sherman; Smith; Thomas; Trego; Wallace; Washington

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Start Date:

End Date:

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Start Date:

End Date:

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Start Date:

End Date:

Describe the adoption services and pregnancy education to be provided as part of the program.: When an expectant mother expresses interest in creating an adoption plan, the case manager provides support in accessing the appropriate services and the most accurate and necessary information regarding the adoption process. The agency is a licensed adoption provider and has licensed staff to assist the mother in differentiating and choosing between a parenting plan and an adoption plan. The case manager can provide information about open adoptions, the relinquishment process, and financial issues in order to assist birth mothers in making that decision. If creating an adoption plan is the expectant mother's final decision, the case manager helps her to carry out the process and advocates for her wishes. The mother is provided with specialized guidance and emotional support which may extend the time-frame of her pregnancy as she wishes.

Provision of prenatal, pregnancy and parenting education to promote infant development and emotional support are provided by the case manager based on the information the expectant mother wants to address. The case manager may refer the mother to outside agencies offering more detailed pregnancy, parenting and prenatal education offered at local hospitals, Head Start, local health departments, and other organizations. The agency will also utilize the Baby Center Expert Advice online video series which utilizes medical information reviewed by a Medical Advisory Board consisting of leading experts in the field.

In accordance with the policies set forth in the PMI manual and the fundamental values of the Catholic Church, the PMI case managers will not encourage abortions or refer mothers to any agencies who perform such services.

Requirement: D.1.2.1 - Case managers to attend adoption training class

Start Date:

End Date:

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Start Date:

End Date:

Requirement: D.1.2.3 - Provide adequate resources and referrals

Start Date:

End Date:

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Start Date:

End Date:

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Strategy: D.2.1 - Provide assurances

Start Date:

End Date:

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Start Date:

End Date:

Strategy: E.1.1 - Promote services to community**Start Date:****End Date:**

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: Catholic Charities of Northern Kansas continues to promote the PMI program in communities within its Northwest Kansas service area using a variety of methods. On a broad level, the case managers and Executive Director will continue to promote PMI services on the agency website and Facebook page, in presentations to parishes, in Diocesan publications, at board meetings and to local civic organizations. The agency will continue to encourage parishes throughout the Diocese to promote the PMI program in their local church bulletins.

The agency will also continue the successful brochure driven outreach efforts targeted toward the county health departments, social services agencies, schools, parishes, early childhood providers, hospitals and OB/GYN professionals.

In addition, the PMI case managers will also continue participation in monthly prenatal and social service professional work groups where programs can be promoted. The agency is a United Way partner agency in Hays, Manhattan and Salina, allowing the PMI program to be promoted at many United Way events.

Aside from PMI, CCNKS offers a variety of social service programs and services resulting in community collaborations and referrals with many local organizations. Clients are often referred to the PMI program after a needs assessment indicates such client would benefit from pregnancy services.

Strategy: E.1.2 - Planned outreach activities**Start Date:****End Date:**

What are your planned outreach activities?: In the upcoming year, the Manhattan office will participate in the community-wide Manhattan Toddler Fair at the Manhattan Library. In Geary County, the case manager will participate in the Geary County Healthy Living Fair. The Manhattan case manager will also present at the Becoming a Mom class offered 2-3 times per year. The Hays case manager will participate in the community-wide events Family Fun Fest and Go Truck Go, both with an emphasis on early childhood development and parenting, organized through Early Head Start. The Salina case manager will participate in the Community Baby Shower. The agency will continue its efforts to expand the reach of its PMI services and tailor its services to meet the needs of the different communities. The PMI case managers will seek to participate in community and resource fairs sponsored by local colleges and universities. Each PMI case manager is expected to participate in 2 or 3 events annually.

Strategy: E.1.3 - Target and recruit clients**Start Date:****End Date:****Grouping F - Partnerships****Goal: F.1 - Collaborative partnerships with community providers****Start Date:****End Date:****Strategy: F.1.1 - Build and maintain local partnerships****Start Date:****End Date:**

Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services**Start Date:****End Date:**

Identify your key partners including community-based health, social service providers, and Maternal and Child Health (MCH). Describe how you collaborate to ensure needed services are provided.: The PMI case managers have worked to develop an array of beneficial community partnerships across the expansive 31-county service area of the agency. This has been accomplished via presentations and/or mailings to promote the important services available through the PMI program. Case managers actively participate in various social service agency meetings and other outreach activities (like local community perinatal coalition meetings, local health/toddler fairs). The agency has a large contingent of cooperative community relationships including: local Head Start programs, local city libraries, hospitals, Birthright, Salina Family Healthcare Center, Pregnancy Service Center, Kansas Department of Children and Families, local WIC offices, local county health departments, local family physician offices, Riley County Free Clinic, local workforce centers, Flint Hills Breadbasket, Kansas Works, Options Domestic Violence Center, Smoky Hill Substance Abuse Center, Harvest America, Manhattan Women's Health Group, local United Way agencies, Catholic churches in each community, Manhattan Life Choice Ministries, Hays Community Assistance Center, local Salvation Army stores, First Call for Help in Hays, and Hays Area Children's Center & Healthy Families. Ongoing communication with these community partners helps provide a forum for critical service needs.

During the last two years, CCNKS has continued to build on partnerships with local health departments. In addition to collaborations between the PMI case managers and the County Health Departments in Norton and Clay counties, additional partnerships have developed to include Lincoln County Health Department and the Concordia Health Department. Health departments in these more rural areas have been hosting PMI case managers on a monthly basis so that pregnant women in their programs could benefit from these specialized PMI services without the burden of having to travel to Hays, Salina or Manhattan. Case managers travel with needed baby items to help supply women in rural communities with basic infant care items.

Requirement: F.1.1.2 - Develop referral sources for related services**Start Date:****End Date:****Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals****Start Date:****End Date:**

When referring for services outside the program, what are the processes for initiating referrals and for follow-up after referral to ensure clients engage in the services?: Initially, the case manager and the client identify and prioritize the goals and additional resources together. The case manager may refer the client to a specific agency based on the needs identified by providing a brochure, discussing the agency's services and/or contacting the agency with the client present. When a referral is made, the case manager requests that the client sign a release of information. The case manager will then offer incentive items to the client upon verification that she has followed through with the referral. A joint effort between the client, case manager and referral agency is needed to ensure mothers receive the support and services set forth in goal plans and to avoid duplication of services.